

Type a plus sign (+) inside this box [+]

Approved for use through 9/30/00
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/01 (8/96)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket Number</td> <td style="width: 50%;">1548-00036</td> </tr> <tr> <td>First Named Inventor</td> <td>Frank E. Oetlinger</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	1548-00036	First Named Inventor	Frank E. Oetlinger	COMPLETE IF KNOWN		Application Number		Filing Date		Group Art Unit		Examiner Name			
Attorney Docket Number	1548-00036																
First Named Inventor	Frank E. Oetlinger																
COMPLETE IF KNOWN																	
Application Number																	
Filing Date																	
Group Art Unit																	
Examiner Name																	
DECLARATION																	
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing </td> <td style="width: 50%; vertical-align: top;"> Declaration <input type="checkbox"/> Submitted after Initial Filing (surcharge 37 CFR 1.16(3)) required) </td> </tr> </table>		Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing	Declaration <input type="checkbox"/> Submitted after Initial Filing (surcharge 37 CFR 1.16(3)) required)														
Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing	Declaration <input type="checkbox"/> Submitted after Initial Filing (surcharge 37 CFR 1.16(3)) required)																
As a below named inventor, I hereby declare that:																	
My residence, post office address, and citizenship are as stated below next to my name.																	
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:																	
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Flush Mounted Presser Assembly </div> <p>(Title of the Invention)</p>																	
the specification of which <input checked="" type="checkbox"/> is attached hereto																	
OR																	
<input type="checkbox"/> was filed on (MM/DD/YYYY) as United States Application Number or PCT																	
International Number and was amended on (MM/DD/YYYY) (if applicable).																	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.																	
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.																	
I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Prior Foreign Application Number(s)</th> <th style="width: 50%;">Country</th> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table>	Prior Foreign Application Number(s)	Country			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 100%;">Foreign Filing Date (MM/DD/YYYY)</th> </tr> <tr> <td style="height: 100px;"></td> </tr> </table>	Foreign Filing Date (MM/DD/YYYY)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 100%;">Priority Not Claimed</th> </tr> <tr> <td style="height: 100px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table>	Priority Not Claimed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Copy Attached?</th> </tr> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="height: 100px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="height: 100px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table>	Copy Attached?		YES	NO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prior Foreign Application Number(s)	Country																
Foreign Filing Date (MM/DD/YYYY)																	
Priority Not Claimed																	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																	
Copy Attached?																	
YES	NO																
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:																	
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 100%;">Application Number(s)</th> </tr> <tr> <td style="height: 100px;"></td> </tr> </table>	Application Number(s)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 100%;">Filing Date (MM/DD/YYYY)</th> </tr> <tr> <td style="height: 100px;"></td> </tr> </table>	Filing Date (MM/DD/YYYY)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"> Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto. </td> </tr> </table>		Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.									
Application Number(s)																	
Filing Date (MM/DD/YYYY)																	
Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.																	

Type a plus sign (+) inside this box [+]

DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Daniel D. Fetterley	20,323	Joseph J. Jochman, Jr.	25,058
George H. Solveson	25,927	Joseph D. Kuborn	40,689
Gary A. Essmann	29,376	William L. Falk	27,709
Thomas M. Wozny	28,922		
Michael E. Taken	28,120		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to: Name **Thomas M. Wozny, Reg. No. 28,922**

Address	Andrus, Sceales, Starke & Sawall, LLP		
Address	100 East Wisconsin Avenue, Suite 1100		
City	Milwaukee	State	Wisconsin
Country	United States	Telephone	(414) 271-7590
		Fax	(414) 271-5770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Frank E.	Oetlinger

Inventor's Signature	<i>Frank E. Oetlinger</i>	Date	12-26-01
----------------------	---------------------------	------	-----------------

RESIDENCE: City	Grafton	State	WI	Country	USA	Citizenship	USA
-----------------	----------------	-------	-----------	---------	------------	-------------	------------

POST OFFICE ADDRESS	1433 Fox Lane
---------------------	----------------------

City	Grafton	State	WI	Zip	53024	Country	USA
------	----------------	-------	-----------	-----	--------------	---------	------------

☐ Additional inventors are being named on supplemental sheet(s) attached hereto.